



# Assessment Questions

**STAFF TOOL  
FOR A PARTICIPANT-CENTERED RISK ASSESSMENT**



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**PUBLIC HEALTH**  
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HEALTHIER WASHINGTON

## Prenatal Assessment Questions

**Introduction Statement:** We ask everyone these next few questions. These are to help me learn about your pregnancy and about you.

Would it be OK to ask a few questions about how you're doing?

Cascades Screen	Questions (bold questions are required)
<p><b>HEALTH INFORMATION</b></p> <p><i>Listen and assess for</i></p> <p><b>PG Health Conditions</b></p> <ul style="list-style-type: none"> <li>• Gestational Diabetes</li> <li>• Gestational Diabetes (Hx)</li> <li>• Large for Gestational Age (Hx)</li> <li>• Nutrition Related Birth Defects (Hx)</li> <li>• Preeclampsia (Hx)</li> <li>• Pregnancy Induced Hypertension</li> <li>• Severe Nausea/Vomiting</li> </ul> <p><b>PG History</b> (auto-calculated risks)</p> <ul style="list-style-type: none"> <li>• Low Birth Weight <math>\leq</math> 5 pounds 8 oz (Hx)</li> <li>• Preterm or Early Term Delivery <math>&lt; =</math> 38 weeks (Hx)</li> </ul> <p><b>Health conditions like:</b></p> <ul style="list-style-type: none"> <li>• Alcohol Use</li> <li>• Depression</li> <li>• Drug Nutrient Interactions</li> <li>• Drug Use</li> <li>• Food Allergy (severe diet impact)</li> <li>• Gastrointestinal Disorder</li> <li>• Hypertension/Prehypertension</li> <li>• Lactose Intolerance</li> <li>• Nicotine and Tobacco Use</li> <li>• Oral Health Condition</li> <li>• Recent Major Surgery, Physical Trauma, Burns</li> </ul>	<p><b>What was your weight before you became pregnant?</b></p> <p><b>When is your baby due? (Listen for twins, triplets, etc.)</b></p> <p><b>What concerns do you have about your pregnancy?</b></p> <p><b>When was the first visit with your doctor?</b></p> <ul style="list-style-type: none"> <li>• <b>How many prenatal visits have you had with your doctor?</b></li> <li>• What has your doctor said about your pregnancy?</li> </ul> <p><b>How does this pregnancy compare to your previous pregnancies?</b></p> <p><b>What health conditions or medical problems do you have not related to pregnancy?</b></p> <p><b>Are you breastfeeding?</b></p> <p><b>Have you recently felt sad or depressed?</b></p> <p><b>Do you smoke, use any tobacco products, or nicotine gums or patches?</b></p> <ul style="list-style-type: none"> <li>• <b>If yes, what products do you use?</b></li> <li>• <b>If cigarettes, how many per day?</b></li> </ul> <p><b>How often do you drink alcohol or use drugs, including marijuana?</b></p> <ul style="list-style-type: none"> <li>• <b>How much?</b></li> <li>• <b>When was the last time?</b></li> </ul>

## Prenatal Assessment Questions

Cascades Screen	Questions (bold questions are required)
<b>ANTHRO/LAB</b>  <b>Share weight gain grid</b>	What has your doctor said about your weight? How do you feel about it? Would you like to see a chart of your weight gain so far in the pregnancy? (If hemoglobin low) What has your doctor said about your iron?
<b>FAMILY ASSESSMENT</b>  <i>Listen and assess for</i> <ul style="list-style-type: none"> <li>Environmental Tobacco Smoke Exposure</li> <li>Recipient of Abuse (past 6 mos.) (select on Assigned Risk Factor screen)</li> </ul>	<b>These next few questions are about your family and others who live in your home.</b>  <b>In the past few weeks, have you or your child been in an enclosed space (at home, in a car, work or daycare, etc.) while someone smoked or vaped?</b>  <b>Do you ever feel unsafe at home? Have you felt afraid of your partner or family member?</b>  <b>Medical Provider(s) for participant(s):</b> Provider 1 _____ Provider 2 _____ Provider 3 _____  Where did you hear about WIC? ( <i>only ask at initial certification</i> )
<b>DIETARY &amp; HEALTH</b>  <i>Listen and assess for</i> <b>Nutrition concerns such as:</b> <ul style="list-style-type: none"> <li>Inadequate Iodine Supplementation (&lt; 150 mcg)</li> <li>Inadequate Iron Supplementation (&lt; 27 mg)</li> <li>Inappropriate or Excessive Supplements</li> <li>Pica</li> <li>Potentially Contaminated Foods</li> <li>Very Restrictive Diet</li> </ul>	<b>Now I'd like to focus on your eating.</b> <ul style="list-style-type: none"> <li><b>What have you heard about eating during pregnancy?</b></li> <li><b>What is different about your eating now?</b></li> <li><b>How do you feel about eating vegetables and fruits?</b></li> <li><b>What do you drink in a typical day?</b></li> <li><b>What vitamins or other supplements are you taking?</b></li> <li><b>If you could make one change about your eating, what would it be?</b></li> <li><b>How do you feel about the idea of breastfeeding your baby?</b></li> </ul>
<b>ECO-SOCIAL</b>	Optional screen
<b>ASSIGNED RISK FACTORS</b>	If no risks have been identified, assign: Not Meeting Dietary Guidelines

## Breastfeeding – Assessment Questions

**Introduction statement:** We ask everyone these next few questions. This helps me learn about you and your family. Would it be OK to ask a few questions about how you're doing?

Cascades Screen	Questions (bold questions are required)
<p><b>HEALTH INFORMATION</b></p> <p><i>Listen and assess for</i></p> <p><b>Health Conditions like:</b></p> <ul style="list-style-type: none"> <li>• Alcohol Use</li> <li>• Depression</li> <li>• Diabetes Mellitus</li> <li>• Drug Nutrient Interactions</li> <li>• Drug Use</li> <li>• Hypertension/Prehypertension</li> <li>• Lactose Intolerance</li> <li>• Nicotine and Tobacco Use</li> <li>• Oral Health Condition</li> <li>• Recent Major Surgery, Physical Trauma, Burns</li> </ul> <p><b>PG Induced Health Conditions</b></p> <ul style="list-style-type: none"> <li>• Gestational Diabetes</li> <li>• Gestational Diabetes (Hx)</li> <li>• Large for Gestational Age (Hx)</li> <li>• Preeclampsia (Hx)</li> </ul> <p><b>PG History</b> (auto-calculated risks)</p> <ul style="list-style-type: none"> <li>• Low Birth Weight <math>\leq</math> 5 pounds 8 oz (Hx)</li> <li>• Preterm or Early Term Delivery <math>&lt; =</math> 38 Weeks (Hx)</li> </ul> <p><b>Breastfeeding Complications</b></p> <p><i>Listen &amp; assess for</i></p> <p>Breast pump need/use</p>	<p>(If not on WIC for PG) <b>What was your weight before you became pregnant?</b></p> <p><b>What concerns do you have about your health?</b></p> <p><b>Sometimes you feel sad after having a baby. Have you recently felt sad or depressed?</b></p> <p><b>What health conditions did you have during your previous pregnancies?</b></p> <p><b>What was your weight at delivery?</b></p> <p><b>Do you smoke, use any tobacco products, or nicotine gums or patches?</b></p> <ul style="list-style-type: none"> <li>• <b>If yes, what products do you use?</b></li> <li>• <b>If cigarettes, how many per day?</b></li> </ul> <p><b>How often do you drink alcohol or use drugs, including marijuana?</b></p> <ul style="list-style-type: none"> <li>• <b>How much?</b></li> <li>• <b>When was the last time?</b></li> </ul> <p><i>Enter on the Infant Certification or BF participant screen:</i></p> <ul style="list-style-type: none"> <li>• <b>Was your baby delivered naturally or did you have a C-section?</b></li> <li>• <b>Did your baby come early? How many weeks?</b></li> <li>• <b>What was your baby's birth length and weight?</b></li> </ul>

## Breastfeeding – Assessment Questions

Cascades Screen	Questions (bold questions are required)
<b>ANTHRO/LAB</b>	(If hemoglobin low) What has your doctor said about your iron?
<b>FAMILY ASSESSMENT</b>  <i>Listen and assess for</i> <ul style="list-style-type: none"> <li>Environmental Tobacco Smoke Exposure</li> <li>Recipient of Abuse (past 6 mos.) (select on Assigned Risk Factor screen)</li> </ul>	<p><b>These next few questions are about your family and others who live in your home.</b></p> <p><b>In the past few weeks, have you or your child been in an enclosed space (at home, in a car, work or daycare, etc.) while someone smoked or vaped?</b></p> <p><b>Do you ever feel unsafe at home? Have you felt afraid of your partner or family member?</b></p> <p><b>Medical Provider(s) for participant(s):</b>  Provider 1 _____  Provider 2 _____  Provider 3 _____</p> <p>Where did you hear about WIC? (<i>only</i> ask at initial certification)</p>
<b>DIETARY &amp; HEALTH</b>  <i>Listen and assess for</i> <b>Nutrition concerns such as:</b> <ul style="list-style-type: none"> <li>Inadequate Folic Acid Supplementation (&lt;400 mcg)</li> <li>Inadequate Iodine Supplementation (&lt;150 mcg)</li> <li>Inappropriate or Excessive Supplements</li> <li>Pica</li> <li>Very Restrictive diet</li> </ul>	<p><b>Now I'd like to focus on your eating. What have you heard about eating while breastfeeding?</b></p> <p><b>What is different about your eating now?</b></p> <p><b>How do you feel about eating vegetables and fruits?</b></p> <p><b>What do you drink in a typical day?</b></p> <p><b>What vitamins or other supplements are you taking?</b></p> <p><b>If you could make one change about your eating, what would it be?</b></p> <p><b>HEALTH ASSESSMENT</b></p> <p>What has changed in your health since the certification on (state the date)?</p> <p>What has changed in your eating or physical activity?</p> <p>What concerns do you have about your health, eating, or physical activity?</p>
<b>ECO-SOCIAL</b>	Optional screen
<b>ASSIGNED RISK FACTORS</b>	If no risks have been identified, assign: Not Meeting Dietary Guidelines

## Non-breastfeeding Postpartum Assessment Questions

**Introduction Statement:** We ask everyone these next few questions. This helps me learn about you and your family. Would it be OK to ask a few questions about how you're doing?

Cascades Screen	Questions (bold questions are required)
<b>HEALTH INFORMATION</b>  <i>Listen and assess for</i> <b>Health conditions like:</b> <ul style="list-style-type: none"><li>• Alcohol Use</li><li>• Depression</li><li>• Diabetes Mellitus</li><li>• Drug Nutrient Interactions</li><li>• Drug Use</li><li>• Hypertension/Prehypertension</li><li>• Lactose Intolerance</li><li>• Nicotine and Tobacco Use</li><li>• Oral Health Condition</li><li>• Recent Major Surgery, Physical Trauma, Burns</li></ul> <b>PG Induced Health Conditions</b> <ul style="list-style-type: none"><li>• Gestational Diabetes</li><li>• Gestational Diabetes (Hx)</li><li>• Large for Gestational Age (Hx)</li><li>• Preeclampsia (Hx)</li></ul> <b>PG History</b> (auto-calculated risks) <ul style="list-style-type: none"><li>• Low Birth Weight <math>\leq</math> 5 pounds 8 oz (Hx)</li><li>• Preterm or Early Term Delivery &lt;38 Weeks (Hx)</li></ul>	(If not on WIC for PG) <b>What was your weight before you became pregnant?</b>  <b>What concerns do you have about your health?</b> <b>Sometimes you feel sad after having a baby. Have you recently felt sad or depressed?</b>  <b>What health conditions did you have during your previous pregnancies?</b>  <b>Do you smoke, use any tobacco products, or nicotine gums or patches?</b> <ul style="list-style-type: none"><li>• If yes, what products do you use?</li><li>• If cigarettes, how many per day?</li></ul> <b>How often do you drink alcohol or use drugs, including marijuana?</b> <ul style="list-style-type: none"><li>• How much?</li><li>• When was the last time?</li></ul> <i>Enter on the Infant Certification or Non-BF Postpartum screen:</i> <ul style="list-style-type: none"><li>• <b>What was your weight at delivery?</b></li><li>• <b>Was your baby delivered naturally or did you have a C-section?</b></li><li>• <b>Did your baby come early? How many weeks?</b></li><li>• <b>What was your baby's birth length and weight?</b></li></ul>
<b>ANTHRO/LAB</b>	(If hemoglobin low) What has your doctor said about your iron?

## Non-breastfeeding Postpartum Assessment Questions

Cascades Screen	Questions (bold questions are required)
<b>FAMILY ASSESSMENT</b>  <i>Listen and assess for</i> <ul style="list-style-type: none"> <li>Environmental Tobacco Smoke Exposure</li> <li>Recipient of Abuse (past 6 mos.) (select on Assigned Risk Factors screen)</li> </ul>	<p>These next few questions are about your family and others who live in your home.</p> <p><b>In the past few weeks, have you or your child been in an enclosed space (at home, in a car, work or daycare, etc.) while someone smoked or vaped?</b></p> <p><b>Do you ever feel unsafe at home? Have you felt afraid of your partner or family member?</b></p> <p><b>Medical Provider(s) for participant(s):</b>            Provider 1 _____            Provider 2 _____            Provider 3 _____</p> <p>Where did you hear about WIC? (<i>only</i> ask at initial certification)</p>
<b>DIETARY &amp; HEALTH</b>  <i>Listen and assess for</i> <b>Nutrition concerns such as:</b> <ul style="list-style-type: none"> <li>Inadequate Folic Acid Supplementation (&lt; 400 mcg)</li> <li>Inappropriate or Excessive Supplements</li> <li>Pica</li> <li>Very Restrictive Diet</li> </ul>	<p><b>Now I'd like to focus on your eating.</b></p> <p><b>What have you heard about eating after delivery?</b>  <b>What is different about your eating now?</b>  <b>How do you feel about eating vegetables and fruits?</b>  <b>What do you drink in a typical day?</b>  <b>What vitamins or other supplements are you taking?</b></p> <p><b>If you could make one change about your eating, what would it be?</b></p>
<b>ECO-SOCIAL</b>	Optional screen
<b>ASSIGNED RISK FACTORS</b>	If no risks have been identified, assign: Not Meeting Dietary Guidelines



## Infant 0-4 Months Assessment Questions

**Introduction Statement:** We ask everyone these next few questions. This helps me learn about your baby and your family. Would it be OK to ask you a few questions?

Cascades Screen	Questions (bold questions are required)	
<b>HEALTH INFORMATION</b>  <i>Listen and assess for</i> <b>Health Conditions like:</b> <ul style="list-style-type: none"> <li>• Drug Nutrient Interactions</li> <li>• Food Allergy (severe diet impact)</li> <li>• Gastrointestinal Disorder</li> <li>• Genetic and Congenital Disorders</li> <li>• Metabolic Disorder</li> <li>• Neonatal Abstinence Syndrome (<math>\leq 6</math> mos.)</li> <li>• Other Medical Conditions (impacts nutr. status)</li> <li>• Recent Major Surgery, Physical Trauma, Burns</li> </ul> <i>Listen &amp; assess for</i> <ul style="list-style-type: none"> <li>• Breastfeeding Complications</li> <li>• Breast pump need/use</li> <li>• Immunizations</li> </ul>	<b>What was your baby's birth length and weight? Was your baby born on time or early?</b> <b>What concerns do you have about your baby's health?</b> <b>When was the last time your baby saw the doctor? What did your baby's doctor have to say about his/her growth or health?</b> <b>How is feeding going?</b>	
	<b>If breastfeeding any amount:</b>	<b>If <u>not</u> breastfeeding:</b>
	<b>How often are you breastfeeding or pumping?</b>  <b>Has your baby had anything else besides breastmilk?</b> <b>(If yes) What age?</b> <b>How much? (in a 24 hour period)</b>  <b>How many wet diapers does your baby have in 24 hours?</b>  <b>How many soiled (poopy) diapers does your baby have in 24 hours?</b>	<b>When was the last time your baby had your breastmilk?</b>  <b>Tell me why you stopped breastfeeding or giving breastmilk?</b>  <b>How much formula do you give in a 24 hour period?</b>
<b>ANTHRO/LAB</b>  Share growth chart	How do you feel about your baby's growth?	
<b>FAMILY ASSESSMENT</b>  <i>Listen and assess for</i> <ul style="list-style-type: none"> <li>• Environmental Tobacco Smoke Exposure</li> </ul>	<b>These next few questions are about your family and others who live in your home.</b> <b>In the past few weeks, have you or your child been in an enclosed space (at home, in a car, work or daycare, etc.) while someone smoked or vaped?</b> <b>Do you ever feel unsafe at home? Have you felt afraid of your partner or family member?</b>	

## Infant 0-4 Months Assessment Questions

Cascades Screen	Questions (bold questions are required)	
<ul style="list-style-type: none"> <li>Recipient of Abuse (past 6 mos.) (select on Assigned Risk Factor screen)</li> </ul>	<b>Medical Provider(s) for participant(s):</b> Provider 1 _____ Provider 2 _____ Provider 3 _____ Where did you hear about WIC? ( <i>only</i> ask at initial certification)	
<b>DIETARY &amp; HEALTH</b>  <i>Listen and assess for</i>  <b>Nutrition concerns such as:</b> <ul style="list-style-type: none"> <li>Early Introduction to Solids (&lt; 6 mos.)</li> <li>Feeding Sugar-containing Drinks</li> <li>Inadequate Fluoride Supplementation (&gt;= 6 mos.)</li> <li>Inadequate Vitamin D Supplementation (&lt; 400 IU)</li> <li>Inappropriate Formula Dilution</li> <li>Inappropriate or Excessive Supplements</li> <li>Inappropriate Substitute for Breastmilk/Formula</li> <li>Inappropriate Use of Bottle/Cup</li> <li>Limited Frequency of Breastfeeding (&lt; 2 mos.)</li> <li>Not Supporting Development/Feeding Relationship</li> <li>Potentially Contaminated Foods</li> <li>Unsafe Handling/Storage of Breastmilk/Formula</li> <li>Very Restrictive Feeding</li> </ul>	<b>Most caregivers have questions about feeding. What questions do you have? How does your baby tell you when he/she is hungry?</b>  <b>How does your baby tell you when he/she is full?</b>	
	<b>Breastfeeding:</b>	<b>Formula feeding:</b>
	<b>In using bottles, what do you do with the breastmilk after a feeding?</b>  <b>Do you plan to go back to work? Do you plan to pump?</b>	<b>Caregivers often have questions about mixing formula correctly. How do you mix formula?</b>  <b>What type of water do you use?</b>  <b>What do you do with formula after a feeding?</b>
	<b>What vitamins or other supplements do you give to your baby?</b>  <b>What do you enjoy about feeding your baby?</b>	
<b>ECO-SOCIAL</b>	Optional screen <b>Note:</b> If any entry's made on this screen, the Physical Activity and TV/Video Viewing dropdown requires a response for infant and child.	
<b>ASSIGNED RISK FACTORS -</b>	Infant of WIC Eligible Mom (<6 months) Caregiver with Limited Ability to Make Feeding Decisions Maternal Substance Use (during pregnancy) If no risks have been identified, assign: Not Meeting Feeding Guidelines	

## Infant 5-8 Months Assessment Questions

**Introduction Statement:** We ask everyone these next few questions. This helps me learn about your baby and your family. Would it be OK to ask a few questions?

Cascades Screen	Questions (bold questions are required)	
<b>HEALTH INFORMATION</b>  <i>Listen and assess for</i>  <b>Health conditions like:</b> <ul style="list-style-type: none"> <li>• Drug/Nutrient Interactions</li> <li>• Food Allergy (severe diet impact)</li> <li>• Gastrointestinal Disorder</li> <li>• Genetic and Congenital Disorders</li> <li>• Metabolic Disorder</li> <li>• Neonatal Abstinence Syndrome (<math>\leq 6</math> mos.)</li> <li>• Other Medical Conditions (impacts nutr. status)</li> <li>• Recent Major Surgery, Physical Trauma, Burns</li> </ul> <i>Listen &amp; assess for</i> <ul style="list-style-type: none"> <li>• Breastfeeding Complications</li> <li>• Breast pump need/use</li> <li>• Immunizations</li> </ul>	<b>What was your baby's birth length and weight?</b> <b>Was your baby born on time or early?</b> <b>What concerns do you have about your baby's health?</b> <b>When was the last time your baby saw the doctor?</b> <b>What did your baby's doctor have to say about his/her growth or health?</b> <b>How is feeding going?</b>	
	<b>If breastfeeding any amount:</b>	<b>If <u>not</u> breastfeeding:</b>
	<b>How often are you breastfeeding or pumping?</b>  <b>Has your baby had anything else besides breastmilk? (use sticky note)</b>  <b>(If yes) What age?</b>  <b>Do you give your baby any formula? (If yes) How much?</b>  <b>Does your baby get anything else besides breastmilk now?</b> <ul style="list-style-type: none"> <li>• (If yes) What? How much? (in a 24 hour period)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>When was the last time your baby had your breastmilk?</b></li> <li>• <b>Tell me why you stopped breastfeeding or giving breastmilk?</b></li> </ul>
<b>ANTHRO/LAB</b>  Share growth chart	<ul style="list-style-type: none"> <li>• How do you feel about your baby's growth?</li> <li>• (After 6 mo. and if hemoglobin low) What has your doctor said about your baby's iron?</li> </ul>	
<b>FAMILY ASSESSMENT</b>  <i>Listen and assess for</i> <ul style="list-style-type: none"> <li>• Environmental Tobacco Smoke Exposure</li> <li>• Recipient of Abuse (past 6 mos.)</li> </ul>	<b>These next few questions are about your family and others who live in your home.</b> <b>In the past few weeks, have you or your child been in an enclosed space (at home, in a car, work or daycare, etc.) while someone smoked or vaped?</b> <b>Do you ever feel unsafe at home? Have you felt afraid of your partner or family member?</b>	

## Infant 5-8 Months Assessment Questions

Cascades Screen	Questions (bold questions are required)
(select on Assigned Risk Factor screen)	<b>Medical Provider(s) for participant(s):</b> Provider 1 _____ Provider 2 _____ Provider 3 _____  Where did you hear about WIC? ( <i>only</i> ask at initial certification)
<b>DIETARY &amp; HEALTH</b>  <i>Listen and assess for</i>  <b>Nutrition concerns such as:</b> <ul style="list-style-type: none"> <li>• Early Introduction to Solids (&lt; 6 mos.)</li> <li>• Feeding Sugar-containing Drinks</li> <li>• Inadequate Fluoride Supplementation (&gt;= 6 mos.)</li> <li>• Inadequate Vitamin D Supplementation (&lt; 400 IU)</li> <li>• Inappropriate Formula Dilution</li> <li>• Inappropriate or Excessive Supplements</li> <li>• Inappropriate Substitute for Breastmilk/Formula</li> <li>• Inappropriate Use of Bottle/Cup Not Supporting Development/Feeding Relationship</li> <li>• Potentially Contaminated Foods</li> <li>• Unsafe Handling/Storage of Breastmilk/Formula</li> <li>• Very Restrictive Feeding</li> </ul>	<b>Most caregivers have questions about changes to the way their baby is eating. Some common topics that come up are about tastes and textures and learning to drink from a cup.</b> <ul style="list-style-type: none"> <li>• <b>What have you heard about starting solid foods?</b></li> <li>• <b>Have you started teaching your baby to use a cup?</b></li> <li>• <b>What vitamins or other supplements do you give to your baby?</b></li> <li>• <b>What do you enjoy about feeding your baby?</b></li> </ul>
<b>ECO-SOCIAL</b>	Optional screen <b>Note:</b> If any entry's made on this screen, the Physical Activity and TV/Video Viewing dropdown requires a response for infant and child.
<b>ASSIGNED RISK FACTORS</b>	Infant of WIC Eligible Mom (<6 months) Caregiver with Limited Ability to Make Feeding Decisions Maternal Substance Use (during pregnancy) If no risks have been identified, assign: Not Meeting Feeding Guidelines

## Infant 9-11 Months Assessment Questions

**Introduction Statement:** We ask everyone these next few questions. This helps me learn about your baby and your family. Would it be OK to ask a few questions?

Cascades Screen	Questions (bold questions are required)	
<b>HEALTH INFORMATION</b>  <i>Listen and assess for</i> <b>Health conditions like:</b> <ul style="list-style-type: none"> <li>Cardiovascular Disorder</li> <li>Drug Nutrient Interactions</li> <li>Food Allergy (severe diet impact)</li> <li>Gastrointestinal Disorder</li> <li>Genetic and Congenital Disorders</li> <li>Metabolic Disorder</li> <li>Recent Major Surgery, Physical Trauma, Burns</li> <li>Other Medical Conditions (impacts nutr. status)</li> </ul> <i>Listen &amp; assess for</i> <ul style="list-style-type: none"> <li>Breastfeeding Complications</li> <li>Breast pump need/use</li> <li>Immunizations</li> </ul>	<b>What was your baby's birth length and weight?</b> <b>Was your baby born on time or early?</b> <b>What concerns do you have about your baby's health?</b> <b>When was the last time your baby saw the doctor?</b> <b>What did your baby's doctor have to say about his/her growth or health?</b> <b>How is feeding going?</b>	
	<b>If breastfeeding any amount:</b>	<b>If <u>not</u> breastfeeding:</b>
	<b>How often are you breastfeeding or pumping?</b>  <b>Has your baby had anything else besides breastmilk? (use sticky note)</b> <b>(If yes) What age?</b>  <b>Do you give your baby any formula? If yes, how much?</b>  <b>Does your baby get anything else besides breastmilk now?</b> <ul style="list-style-type: none"> <li><b>(If yes) What? How much? (in a 24 hour period)</b></li> </ul>	<b>When was the last time your baby had your breastmilk?</b>  <b>Tell me why you stopped breastfeeding or giving breastmilk?</b>
<b>ANTHRO/LAB</b> Share growth chart	<ul style="list-style-type: none"> <li>How do you feel about your baby's growth?</li> <li>(If hemoglobin low) What has your doctor said about your baby's iron?</li> </ul>	

## Infant 9-11 Months Assessment Questions

Cascades Screen	Questions (bold questions are required)
<b>FAMILY ASSESSMENT</b> <i>Listen and assess for</i> <ul style="list-style-type: none"> <li>Environmental Tobacco Smoke Exposure</li> <li>Recipient of Abuse (past 6 mos.) (select on Assigned Risk Factor screen)</li> </ul>	<p>These next few questions are about your family and others who live in your home. In the past few weeks, have you or your child been in an enclosed space (at home, in a car, work or daycare, etc.) while someone smoked or vaped?</p> <p><b>Do you ever feel unsafe at home? Have you felt afraid of your partner or family member?</b></p> <p><b>Medical Provider(s) for participant(s):</b></p> <p>Provider 1 _____</p> <p>Provider 2 _____</p> <p>Provider 3 _____</p> <p>Where did you hear about WIC? (<i>only</i> ask at initial certification)</p>
<b>DIETARY &amp; HEALTH</b> <i>Listen and assess for</i> <b>Nutrition concerns such as:</b> <ul style="list-style-type: none"> <li>Feeding Sugar-containing Drinks</li> <li>Inadequate Fluoride Supplementation (<math>\geq 6</math> mos.)</li> <li>Inadequate Vitamin D Supplementation (<math>&lt; 400</math> IU)</li> <li>Inappropriate Formula Dilution</li> <li>Inappropriate or Excessive Supplements</li> <li>Inappropriate Substitute for Breastmilk/Formula</li> <li>Inappropriate Use of Bottle/Cup</li> <li>Not Supporting Development/Feeding Relationship</li> <li>Potentially Contaminated Foods</li> <li>Unsafe Handling/Storage of Breastmilk/Formula</li> <li>Very Restrictive Feeding</li> </ul>	<p><b>Some common topics that come up are about drinking from a cup, introducing family foods and transitioning to milk. Tell me about mealtimes with your baby.</b></p> <p><b>What vitamins or other supplements do you give to your baby?</b></p> <p><b>What do you enjoy about feeding your baby?</b></p> <p><b>What would you like to know more about?</b></p>
<b>ECO-SOCIAL</b>	<p>Optional screen</p> <p><b>Note:</b> If any entry's made on this screen, the Physical Activity and TV/Video Viewing dropdown requires a response for infant and child.</p>
<b>ASSIGNED RISK FACTORS</b>	<p>Caregiver with Limited Ability to Make Feeding Decisions</p> <p>Maternal Substance Use (during pregnancy)</p> <p>If no risks have been identified, assign: Not Meeting Feeding Guidelines</p>

## Child Assessment Questions

**Introduction statement:** We ask everyone these next few questions. This helps me learn about your child and your family.

Would it be OK to ask you a few questions?

Cascades Screen	Questions (bold questions are required)
<b>HEALTH INFORMATION</b>  <i>Listen and assess for</i> <b>Health conditions like:</b> <ul style="list-style-type: none"> <li>• Drug Nutrient Interactions</li> <li>• Food Allergy (severe diet impact)</li> <li>• Gastrointestinal Disorder</li> <li>• Genetic and Congenital Disorders</li> <li>• Lactose Intolerance</li> <li>• Oral Health Condition</li> <li>• Recent Major Surgery, Physical Trauma, Burns</li> </ul> <i>Listen &amp; assess for</i> <ul style="list-style-type: none"> <li>• Immunizations</li> </ul>	<b>What was your child's birth length and weight?</b>  <b>Was your child born around your due date?</b>  <b>When was the last time you saw your child's doctor?</b>  <b>What concerns does your child's doctor have about his/her health?</b>  <b>What concerns do you have?</b>
<b>ANTHRO/LAB</b> Share growth chart	<b>What has your child's doctor said about his/her growth?</b> <b>Would you like to see your child's growth chart?</b> <b>How do you feel about your child's growth?</b> (If hemoglobin low) What has your child's doctor said about his/her iron?
<b>FAMILY ASSESSMENT</b>  <i>Listen and assess for</i> <ul style="list-style-type: none"> <li>• Environmental Tobacco Smoke Exposure</li> <li>• Recipient of Abuse (past 6 mos.) (select on Assigned Risk Factor screen)</li> </ul>	<b>These next few questions are about your family and others who live in your home.</b>  <b>In the past few weeks, have you or your child been in an enclosed space (at home, in a car, work or daycare, etc.) while someone smoked or vaped?</b>  <b>Do you ever feel unsafe at home? Have you felt afraid of your partner or family member?</b> <b>Medical Provider(s) for participant(s):</b> Provider 1 _____ Provider 2 _____ Provider 3 _____ Where did you hear about WIC? ( <i>only</i> ask at initial certification)

## Child Assessment Questions

Cascades Screen	Questions (bold questions are required)
<p><b>DIETARY &amp; HEALTH</b></p> <p><i>Listen and assess for</i></p> <p><b>Nutrition concerns such as:</b></p> <ul style="list-style-type: none"> <li>• Feeding Sugar-containing Drinks</li> <li>• Inadequate Fluoride Supplementation (&gt; 6 mos.)</li> <li>• Inadequate Vitamin D Supplementation (&lt; 400 IU)</li> <li>• Inappropriate Milk Substitute</li> <li>• Inappropriate or Excessive Supplements</li> <li>• Inappropriate Use of Bottle/Cup</li> <li>• Not Supporting Development/Feeding Relationship</li> <li>• Pica</li> <li>• Potentially Contaminated Foods</li> <li>• Reduced-fat or Non-fat Milk (12-23 mos.)</li> <li>• Very Restrictive Diet</li> </ul>	<p><b>This is a time when caregivers often have questions about their child's eating.</b></p> <p><b>How do you feel about your child's eating?</b></p> <p><b>Are there any foods your child is unable to eat because of allergies or other reasons?</b></p> <p><b>How does your child feel about eating vegetables and fruits?</b></p> <p><b>What does your child drink in a typical day?</b></p> <p><b>What vitamins or other supplements do you give your child?</b></p> <p><b>What makes you most happy about your child's eating?</b></p> <p><b>If you could change one thing about your child's eating, what would it be?</b></p> <p><b>HEALTH ASSESSMENT</b></p> <p>What has changed in your child's health since the certification (state the date)?</p> <p>What has changed in your child's eating or physical activity?</p> <p>What concerns do you have about your child's health, eating or physical activity?</p>
<p><b>ECO-SOCIAL</b></p>	<p>Optional screen</p> <p><b>Note:</b> Any entry on this screen requires a selection of Physical Activity and TV/Video Viewing dropdown.</p>
<p><b>ASSIGNED RISK FACTORS</b></p>	<p>Limited Skills for Proper Nutrition or to Make Feeding Decisions</p> <p>If no risks have been identified, assign:</p> <p>Not Meeting Feeding Guidelines Not Meeting Dietary Guidelines</p>